

<b>Case Number:</b>	CM13-0021848		
<b>Date Assigned:</b>	10/11/2013	<b>Date of Injury:</b>	02/29/2012
<b>Decision Date:</b>	01/02/2014	<b>UR Denial Date:</b>	08/28/2013
<b>Priority:</b>	Standard	<b>Application Received:</b>	09/09/2013

### HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to a physician reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The physician reviewer is Board Certified in Orthopedic Surgery has a subspecialty in Spine Surgery and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The physician reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services.

### CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 46-year-old male who reported an injury on 02/29/2012 after pulling material out of a rack causing a popping and pulling sensation in the lower back. Physical findings included tenderness to palpation over the L4 through S1 levels and the right sacroiliac joint. Range of motion was restricted in all planes. The patient underwent an MRI that evidenced a disc protrusion at the L4-5 level and a disc protrusion at the L2-3 level with no displacement of the L2 nerve root. The patient also underwent an electrodiagnostic study that concluded there was an abnormal nerve conduction study supporting sensory demyelinating poly peripheral neuropathy, and right mild active L5 denervation. The patient's diagnoses included low back pain with radiculopathy to the right lower extremity, disc herniation of the right side L4-5 with radiculopathy. The patient's treatment plan included epidural steroid injections.

### IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

**Lumbar spine epidural steroid injection at L4-L5:** Upheld

**Claims Administrator guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines.

**MAXIMUS guideline:** Decision based on MTUS Chronic Pain Treatment Guidelines Epidural Steroid Injections Page(s): 46.

**Decision rationale:** The requested lumbar spine epidural steroid injection at the L4-5 level is not medically necessary or appropriate. The clinical documentation submitted for review does provide evidence that the patient has subjective complaints of radiculopathy; however, there were no physical exam findings to support the subjective complaints. The California Medical Treatment Utilization Schedule states that epidural steroid injections are recommended for patients with radiculopathy that is evidence by objective physical exam findings and corroborated by imaging and/or electrodiagnostic studies that are nonresponsive with conservative care. The clinical documentation submitted for review does not provide any evidence that the employee has received any physical therapy to date. Additionally, the documentation submitted for review does not provide objective physical findings during the examination to support the employee has radiculopathy. The request for a lumbar spine epidural steroid injection at L4-L5 is not medically necessary and appropriate.